

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SEARCHING
097856924

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		6		1			57						
8		6		1			58						
9		6		1			59						
10		6		1			60						
11		6		1			61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		6		1			67						
18		6		1			68						
19		6		1			69						
20	1						70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		7		1			77						
28		7		1			78						
29		7		1			79						
30		7		1			80						
31		7		1			81						
32		7		1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.		2					TOTAL IND.						
TOTAL EP.		30					TOTAL DEP.						
TOTAL AIMS		32					TOTAL CLAIMS						

BEST AVAILABLE COPY